

APPLICATION FOR REVIEW

-Complete all pages-

NOTE: Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1)(m), Stats.]

PUBLIC SWIMMING POOLS

Safety & Buildings Division
 201 W Washington Ave
 53703
 PO Box 7162
 Madison, WI 53707-7162

Phone: 608-266-3151
 Fax: 877-840-9172
 TDD: 608-261-8777
 Email: PlanSchedule@commerce.state.wi.us

This page may be utilized for fax appointments

Complete and indicate date plans will be in our office _____

Complete for confirmed appointments:

Transaction ID: _____
 Previous Related Trans. ID: _____
 Review Start Date*: _____
 Assigned Reviewer: _____
 Assigned Office: _____
 *Plans must be received in the office of the appointment no later than 2 working days before the confirmed appointment.
A minimum of 4 plan sets required, a maximum of 5 allowed.
For plan status checks, see our website at
<http://www.commerce.state.wi.us/SB/SB-DivReviewStatusSearch.html>

1. TYPE OF PLAN SUBMITTAL OR SERVICE REQUESTED (check all that apply)

() Swimming Pool

- () Swimming, skimmer
- () Swimming, gutter
- () Diving, skimmer
- () Diving, gutter
- () Combination (swimming/diving), skimmer
- () Combination (swimming/diving), gutter
- () Wading, skimmer
- () Wading, gutter

() Whirlpool

- () By Itself
- () With Another Pool

() Therapy Pool

- () Warm
- () Cold

() Water Attraction

- () Activity () Runout Slides
- () Vortex () Splash Pad
- () Leisure River () Vanishing Edge
- () Pad Walk () Wave
- () Plunge Area () Zero Depth

() Slides

- () Slide(s)-Functional; Pool, drop or water # of slides _____
- () Slide(s)- Structure; Pool drop or water # of _____ (A separate structural review of slides over 6' in height is required. Submit separate application form and 4 separate plan sets. This review is independent of the water attraction/pool and will be scheduled in Madison or Waukesha)

() Alternate

- () New () Modification

() Experimental

- () New () Modification

2. Check all that apply

- () New
- () Revision*
- () Alteration*
- () No Open Swim or Lessons Permitted
- () Open Swim or Lessons Permitted
- *Indicate what was revised or altered on the plan

3a. Project Information – Fill in all known information

Project/Site Name _____
 Number & Street _____
 Legal Description _____
 County _____ City () Village () Town () _____

3b. Tenant Name or Building Designation : Example: West Mall/Jim's Shoes, Bldg #1

Tenant or Building Address _____ Zip Code _____

4. After plans are reviewed, please: (check all that apply)

- () Notify customer 1, 2, 3 (circle one)*
- () Hold plans for pickup by designer or designated agent
- () Mail plans to customer 1, 2, 3 (circle one)*

*Refers to customer number from below

5. Complete the following designer/owner information. Utilize the check box when designer is the supervising professional

Designer Information-Individual who Stamped Plans (Customer 1)

First Name _____ Last Name _____ Commerce Customer Number _____
 Company Name _____
 Address _____
 City _____ State _____ Zip + 4 (9 digits) _____
 (Area Code) Phone Number _____ Fax Number _____ email address _____

() Check if Designer is Supervising Professional

Owner Information (Customer 2)

First Name _____ Last Name _____ Commerce Customer Number _____
 Company Name _____
 Address _____
 City _____ State _____ Zip + 4 (9 digits) _____
 (Area Code) Phone Number _____ Fax Number _____ email address _____

Other/Contact Person (Customer 3)

First Name _____ Last Name _____ Commerce Customer Number _____
 Company Name _____
 Address _____
 City _____ State _____ Zip + 4 (9 digits) _____
 (Area Code) Phone Number _____ Fax Number _____ email address _____

Make checks payable to the Department of Commerce.

Attach check here.

Total Amount Due \$ _____

Revenue Code 7650

The Following Must Be Completed For Each Type of Pool Indicated in Box 1 of Page 1.

Type of Pool _____ Transaction I.D. _____

6. CALCULATIONS (Need separate set of calculations for each pool.)

Pool Surface Area	sq. ft.	Perimeter	ft.	Pool Patron Load
Volume	cu. ft.	Volume	gals.	
Turnover Time	hrs.	Recirculation Rate	gpm.	
Recirculation Pump: Make _____		Model _____		gpm at _____ ft. TDH
Filter: Make _____		Model _____		Type _____
Number of _____		Surface Area per Filter in sq. ft. _____		<input type="checkbox"/> NSF Approved
Disinfectant Feeder: Make _____		Model _____		<input type="checkbox"/> NSF Approved
				Type of Disinfectant _____
Overflow System: <input type="checkbox"/> Gutter type: _____ Surge Tank volume in gallons _____				
<input type="checkbox"/> Skimmer type: Make _____ Model _____ Number of _____				
Inlets: Make _____		Model _____		<input type="checkbox"/> Directional <input type="checkbox"/> Adjustable <input type="checkbox"/> Wall <input type="checkbox"/> Floor
Number of _____		Orifice Diameter _____		
Main Drains: Make _____		Model _____		Number of _____ Open Area per Drain in sq. in. _____

7. NUMBER OF DRESSING, SHOWER AND TOILET FACILITIES

Female:	Toilets _____	Lavatories _____	Showers _____	
Male:	Toilets _____	Lavatories _____	Showers _____	Urinals _____
Unisex:	Toilets _____	Lavatories _____	Showers _____	

8. SUBMITTAL TYPE AND REQUIRED FEES:

Item Description - Indicate which pool the above calculations are for. Check one only.	Fee Computation (doubled for installations without approval)		Required Fee
	Project Not in Agent Inspection Area*	Project in Agent Inspection Area*	
() Public Swimming Pool, gutter type	\$900.00	\$600.00	
() Public Swimming Pool, skimmer type	\$750.00	\$450.00	
() Water Attractions (including Interactive Play Attractions)	\$900.00	\$600.00	
() Public Whirlpool	\$750.00	\$450.00	
() Pool, Drop or Water Slide Functional Requirements Submitted with the Pool or Water Attraction	\$0.00	\$0.00	
() Pool, Drop or Water Slide Functional Requirements Submitted Separately	\$270.00 (Per Submittal)	\$120.00 (Per Submittal)	
() Slide-Structural Review of Pool, Drop or Water Slides Over 6' in Height	\$300.00	\$300.00	
() Revision/Modification to Pool, Drop or Water Slide (functional or structural)	\$120.00	\$120.00	
() Modification to existing public swimming pool, water attraction, or public whirlpool	\$500.00	\$200.00	
() Revision to previously approved public swimming pool, water attraction or public whirlpool plan	\$120.00	\$120.00	
() Alternate or experimental design	\$1050.00	\$750.00	
() Modification to alternate or experimental design	\$675.00	\$375.00	
() Revision to previously approved alternate or experimental design	\$150.00	\$150.00	

➔ Petition for Variance (Submit Form #SBD-9890)

Enter subtotal here (and include with Grand Total at bottom of page 1 _____)

*Agents for Pool Inspection:

City of Madison, City of Milwaukee, City of Racine, Portage County

9.

Signature _____	Supervising Professional License Number _____	Date _____
-----------------	---	------------